

The implications of teenage pregnancy and motherhood for primary health care: unresolved issues

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SUMMARY

Teenage pregnancy and motherhood have implications for several different aspects of primary health care. First, the provision of health education and contraceptive services is obviously relevant to the prevention of unplanned teenage pregnancy. Secondly, appropriate obstetric care should be provided for teenagers, who are at high risk of developing complications in pregnancy and childbirth. Thirdly, and perhaps even more significantly, there is the implication of care required to deal with longer-term adverse health consequences associated with teenage pregnancy. In each of these areas, certain issues remain unresolved. This paper identifies key questions that remain unanswered, including the possibility of long-term adverse physical and psychological health consequences for teenage mothers and their children. The conclusion is that further research addressing these unresolved issues is necessary in order to inform health professionals and allow the implications for primary care to be assessed.

Keywords: teenagers; pregnancy; primary health care.

THE topic of teenage pregnancy has been a focus of public concern and has generated debate among academics, health professionals and politicians. A prevalent myth in Britain is that teenage girls believe there are economic and social advantages in having a baby.¹ However, contrary to such speculation, several research studies report that the majority of teenage pregnancies are unplanned, and the outcomes for the mother and her child in terms of life chances are negative.

Analysis of statistics and trends indicates that teenage pregnancy is not a growing phenomenon in Britain.² Nevertheless, the number of births to teenagers is considered unacceptable, particularly in the light of evidence that teenage motherhood is related to a number of adverse consequences for both the mother and the child, and action to reduce teenage pregnancy is now a priority of the health service in England,³ Scotland,^{4,5} Wales⁶ and Northern Ireland.⁷

Improving access to effective health education and contraceptive services is seen as the main way to reduce the incidence of pregnancy among teenagers.⁸⁻¹⁴ Although this is not only an

issue for health professionals, the primary care team, in particular, have an important role to play in reducing unwanted teenage pregnancy, both in a health care setting¹² and in schools.¹³ General practitioners (GPs) have been advised on how to provide teenager-friendly care:^{10,12} emphasis has been placed on the importance of being approachable, alleviating concerns about confidentiality^{12,14} and being aware of the 'hidden agenda' of wanting to discuss contraception during routine consultations.¹⁵ Efforts have been made to provide specific clinics for teenagers.¹⁶ However, the value and effectiveness of most teenage sexual health interventions have not been adequately evaluated,¹⁷ and little is known of the cost implications for health care provision of the workload and resources involved in providing such services.¹²

Pregnancy during the teenage years also has implications for the primary care team in terms of obstetric services. The pregnant teenager is considered a high-risk obstetric patient because statistics have shown that maternal and infant mortality, anaemia, pre-eclampsia and low-birthweight babies are more common among this age group. However, some commentators have pointed out that more sophisticated studies, controlling for a range of factors, have found minimal differences between teenage mothers and mothers in their twenties.^{18,22} Such findings suggest that pregnancy and childbirth complications may be attributable to social and economic factors associated with teenage childbearing, rather than the effects of physical immaturity. The findings from a recent study, however, indicated that teenagers have an increased risk of adverse pregnancy outcomes independent of confounding socioeconomic factors.²³ Biological mechanisms for the poor outcomes of pregnancy in teenage mothers have been suggested, although it is argued that these are largely based on speculation rather than research evidence.²²

Furthermore, some evidence has been presented that indicates that insufficient prenatal care is related to complications, and suggests that prenatal medical and social care could improve the health of the teenage mother and the outcome of her pregnancy.²⁴⁻²⁶

Longer-term health problems associated with teenage motherhood

The possibility that teenage pregnancy is bad for health in the longer term is particularly significant for the primary care team.

Given that social attitudes towards teenage pregnancy and motherhood are generally negative, and there is empirical evidence indicating that teenage pregnancy is most often unplanned²⁷ and that most teenage mothers are economically and materially disadvantaged,^{28,29} it is reasonable to expect a higher rate of post-partum depression and stress-related illness among teenage mothers than among adult mothers. Furthermore, adolescence is often described in psychological literature as a time of 'crisis', a crucial stage of lifespan development when the individual struggles with the transition from childhood to adulthood.³⁰ Physiological, emotional and cognitive changes occur during adolescence and are also experienced during pregnancy. The teenager who is also pregnant must cope with the 'crisis' of ado-

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escence and the 'crisis' of pregnancy.³¹ Such physical and mental upheavals, together with new responsibilities and the stress of adjustment to parenthood,³² could affect the health of the teenage mother.

In addition, research findings building on the published literature, which links social ties to behaviour and health,³³ suggest that a mother's ability to cope with the transition to motherhood and her well-being are influenced by the extent to which she receives various forms of support.³⁴ There is evidence that teenage mothers often lose contact with friends, become socially isolated²⁸ and are frequently unaware of professional support systems that are available to them.³⁵ In other words, it seems that, as a group, teenage mothers are disadvantaged with regard to social support that encompasses finances, welfare services and family.³⁶ A study investigating support and adjustment among adolescent and older mothers reported that family support and quality of interactions within the social network were positively associated with maternal behaviour, life satisfaction and parental satisfaction, and that this was true in more cases for the adolescent than for older mothers.³⁷

In summary, the literature on social deprivation and health,^{28,29,38} social support,³³⁻³⁷ and psychological development³⁰⁻³² suggests that teenage mothers are more likely to have problems, particularly stress-related health problems. Analysis of the literature suggests that the health and well-being of teenage mothers may be determined by the effects or interactive effects of the following economic, social and psychological factors:

- *Economic deprivation.* In so far as social and economic deprivation is related to poor health,³⁸ and social disadvantage is exacerbated by the teenager's lack of education and earning potential, then teenage pregnancy and motherhood is bad for health.
- *Social support.* In so far as social support is linked to health and well-being, and teenage mothers are often socially isolated²⁸ and do not receive adequate support to help them cope with the responsibilities of and adjustment to parenthood,³⁵ then teenage mothers constitute a population at risk of ill-health.
- *Psychological development.* In so far as adolescence is a time of crisis when the individual makes the transition from childhood to adulthood, and the transition to parenthood is also considered a time of crisis with physical and psychological upheaval, then teenage mothers are more at risk of developing stress-related physical and mental disorders.

Although some commentators have suggested that motherhood may have positive implications for some disadvantaged girls with few educational or job prospects,^{19,28,39} there is, indeed, evidence that early pregnancy and parenthood exacerbate the problems of young women from disadvantaged backgrounds. In terms of health, several studies have reported longer-term problems, such as depressive symptomatology and somatic illness, in the year after delivery.^{40,41}

Vulnerability to clinical depression and depressive symptomatology in the year after delivery was investigated in a study involving adolescent mothers aged 14-18 and a closely matched sample of nulliparous adolescent girls.⁴⁰ The key finding from this study was the lack of evidence that childbearing places teenagers at increased risk of depression during the early weeks after delivery. However, at the 12-month assessment, higher rates of somatic symptoms of depression were found among the childbearing subjects than among their nulliparous peers.

Furthermore, a retrospective study of patients in one general practice reported that the consultation rate for teenage mothers in

the two years after confinement was higher than that of their nulliparous peers.⁴¹ Although teenage mothers also had higher consultation rates than their nulliparous peers before pregnancy, which initially suggests that the higher consultation rate or health problems after pregnancy are not necessarily associated with pregnancy and motherhood, further analysis indicated that, before pregnancy, consultations were most often for gynaecological problems, whereas after pregnancy, teenage mothers commonly presented somatic symptoms. This evidence again suggests that teenage motherhood is associated with psychological disturbance and somatic illness. However, neither of the above studies, which report that teenage mothers have more health problems than their nulliparous peers, compared teenage mothers with older mothers. Having children is stressful for women of all ages, and there is little evidence that adverse health consequences are any more prevalent among young mothers than among older mothers.

Moreover, in contradiction of these findings suggesting adverse health consequences for teenage mothers, there is some evidence that teenage mothers do not suffer from higher levels of psychological disturbance or worse physical health than their nulliparous peers.³⁹ In a study of 1590 females in the US, Stiffmann and colleagues (1987)³⁹ found that when pregnant teenagers were compared with a peer group who were sexually active but not pregnant and a peer group who were not sexually active, they did not differ from the others in physical health, but they, together with the sexually active group, had higher rates of mental health problems and symptoms of conduct disorders. This evidence suggests that teenage girls' mental health problems may be associated with early sexual activity, rather than with pregnancy and motherhood during the teenage years.

Some authors have suggested that physical and mental health problems reported by teenage mothers are associated with the social and economic disadvantages they face, irrespective of the fact that they are mothers. Moreover, it has been suggested that adolescent motherhood may have advantages for some educationally and economically disadvantaged girls, who may use it as a step towards high self value.¹⁹ Having a baby may give a sense of purpose to girls who have few prospects of meaningful employment.²⁸ Indeed, one study of pregnant teenagers revealed that most young mothers, even when the pregnancy was unplanned, wanted their babies and adopted positive attitudes towards motherhood.²⁷ In support of such positive outcomes, adolescents who had been pregnant have been found to have lower rates of anxiety and conduct disorder symptoms than those who were sexually active but never pregnant.³⁹

Clearly, there is conflict and contradiction in the literature concerning the long-term consequences of teenage motherhood. Theories concerning adolescence, deprivation and health, social support and stress suggest that, compared with their nulliparous peers, teenage mothers are more likely to be worse off physically, mentally and socially. In other words, contingent upon economic and social resources and psychological maturity, pregnancy and motherhood may be bad for the teenager's health and well-being in the longer term. However, the empirical evidence supporting this is not convincing. Indeed, in contradiction of the contention that there are adverse health consequences associated with teenage motherhood, some authors suggest positive outcomes. Given this conflict in the literature, further well-designed research is required to determine the nature and extent of health problems associated with teenage motherhood.

The child's health and well-being

Early pregnancy may not only be bad for the mother's health but

may also be bad for the health and development of her baby. Babies born to teenage mothers have a higher rate of infant mortality and morbidity than babies born to older mothers, even when controlling for confounding factors, such as socioeconomic status, maternal education and marital status. Both prematurity and low birthweight are associated with early childbearing¹⁸ and have long been considered to be causes of increased infant mortality and morbidity.⁴² Although there is some evidence to suggest that the mother's physical immaturity, in terms of pre-pregnancy body size and weight, may be implicated in such adverse outcomes, as in the case of maternal health, some studies indicate that pregnancy is well tolerated provided the teenager receives adequate antenatal care.^{24,25} A meta-analysis and review of research concerning pregnancy complications and behavioural risk factors associated with low infant birthweight and other poor outcomes concluded that prenatal care regimens that provide social and behavioural services along with medical care could improve both the health of the mother and the outcome of her pregnancy.²⁶

Studies analysing events further away from the birth have found that young maternal age and associated environmental factors, such as poverty and the mother's psychological immaturity and lack of parenting skills, are related to childhood accidents and illness.⁴³

Furthermore, there is evidence to suggest that risk to the well-being and development of the children of teenage mothers may be exacerbated if the teenage mother lacks support⁴⁴ and suffers from depression.⁴⁵⁻⁵⁰

Research studies investigating maternal depression suggest that it can have significant effects on the mother's parenting abilities and interactions with her infant. Findings indicate that not only is the young mother's well-being and ability to function diminished by mental illness, but her behaviour also has direct effects on the well-being and development of her offspring.⁴⁵⁻⁵⁰ Depression in adolescent mothers may be one factor contributing to the lack of parenting skills and low responsiveness to their infants that has been observed in studies of adolescent mothers.⁴⁵ Infants raised by depressed mothers with little social support may be at particular risk of experiencing cognitive and emotional difficulties.⁴⁶⁻⁵⁰

However, not all teenage mothers have parenting problems. Further research should explore variations in adaptation to early parenthood among adolescent mothers, focusing on the adolescent mother's relationship with her family, her relationship with the baby's father and support from other agencies. These factors are significant in terms of how they impact on the teenage mother's psychological well-being and the child-rearing environment.⁴⁴

Conclusion

The conclusion based on the literature is that the health and psychological well-being of teenage mothers and the well-being of their children may be at risk. Teenage mothers have health needs that are uniquely associated with their age group. They need sensitive medical care and advice during pregnancy. In addition, there is concern that, in the longer term, teenage mothers may suffer psychological disturbance and somatic illness related to material deprivation, psychological immaturity and a lack of social support.

Teenagers may seek contraceptive advice from other sources and receive obstetric care at their local hospital, but health problems subsequent to motherhood lie firmly in the primary care domain. The paucity of empirical evidence concerning the health and well-being of teenage mothers and their children emphasizes

the need for further research in the primary care domain. GPs and other members of the primary care team can contribute to the efforts to address these unresolved issues by either instigating or being directly involved in research, or by their cooperation with other researchers' investigations. Research involving the primary care team is necessary to determine the nature and extent of long-term health problems associated with teenage motherhood in order to inform health professionals and allow the implications for health care provision to be assessed. Furthermore, researchers should examine the interaction between health, social, economic and psychological variables, and attempt to determine causal rather than correlational factors, as this would be critical for the development of effective care aimed at reducing or eliminating the adverse health consequences of teenage pregnancy and motherhood.

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